


Details

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<div>NPDES FORM 6100-034</div>	<div></div>	<div>IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY 1410 N. HILTON BOISE, ID 83706 NOTICE OF INTENT (NOI) FOR NPDES PERMIT COVERAGE UNDER AQUACULTURE FACILITIES IN IDAHO EXCLUDING FACILITIES DISCHARGING INTO THE UPPER SNAKE-ROCK SUBBASIN (IDG131000)</div>	<div>Form Approved. OMB No. 2040-0004 Exp. 03/31/2022</div>
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Permit Information

Master Permit Number

IDG131000

NPDES ID:

IDG131001

Public Availability of Information Submitted on and with General Permit Reports

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the NPDES eReporting Help Desk (NPDESeReporting@epa.gov (mailto:NPDESeReporting@epa.gov)) for further guidance.

Eligibility Information

State/territory where your facility is located:

ID

Is your facility located on Indian Country lands?

No

Are you a Federal Operator?

No

By indicating "Yes" below, I confirm that I understand a facility is authorized to discharge to receiving waters of the United States within the State of Idaho, excluding Indian Country, under this General Permit after obtaining written authorization from EPA (see the provisions of Part II.A).

Yes

Does your facility discharge into the Upper Snake-Rock subbasin?

No

Is your facility a cold and/or warm water concentrated aquatic animal production (CAAP) facility as defined in 40 CFR 122.24?

Yes

Have discharges from your facility been previously covered under a different NPDES permit?

N/A

Operator Information

Operator Name:

IDAHO DEPARTMENT OF FISH AND GAME

Operator Organization's Mailing Address:

Address Line 1: 1070 Cabinet Gorge Road

Address Line 2:

City: Clark Fork

ZIP/Postal Code: 83811

State: ID

County or Similar Division: BONNER

Point of Contact Information

Facility Contact Type:

Primary Facility Contact

First Name

Middle Initial

Last Name:

John

.

Rankin

Title:

Fish Hatchery Manager

Phone:

208-266-1431

Ext.:

Email:

john.rankin@idfg.idaho.gov

Is your facility owned by a different entity?

No

NOI Preparer Information

First Name

Middle Initial

Last Name:

Tyler

.

Schober

Organization:

IDAHO DEPARTMENT OF FISH AND GAME

Phone:

(208) 266-1431

Ext.:

Email:

tyler.schober@idfg.idaho.gov

Facility Information

https://npdes-ereporting.epa.gov/net-aqua/action/secured/home#!/noi?formId=21145/tabs/view

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## Facility Information

Facility Site Name: IDAHO FISH AND GAME - IDFG CABINET GORGE HATCHERY

Address Line 1: 1070 CABINET GORGE ROAD

Address Line 2:

City: CLARK FORK

ZIP/Postal Code: 83811

State: ID

County or Similar Division: BONNER

## Latitude/Longitude for the Facility

Latitude/Longitude: 48.085376°N, 116.077512°W

Is your facility located on Indian Country lands? No

Are you requesting coverage under this NOI as a "Federal Operator"? No

What is the ownership type of the facility? State Government

Date facility was first operated (if known): 1985-01-01

Does the facility discharge to waters of the United States that have one or more Total Maximum Daily Load (TMDLs) approved by EPA? Yes

### Facility Operations and Production Information

Commercial Fish Rearing License Number (Enter N/A if not a commercial facility): N/A

Are you primarily engaged in operating fish hatcheries or preserves? Yes

Please complete the appropriate sections given your facility's operation and production process. Aquaculture for Harvesting or Release/Stocking Purposes means an aquaculture operation that is rearing fish, fish eggs, or other aquatic animals for harvesting or release/stocking purposes. Aquaculture for Acclimation Purposes means an aquaculture operation that is holding fish or other aquatic animals on a maintenance-only diet for short-term acclimation purposes.

Aquaculture for Harvesting or Release/Stocking Purposes

The following questions only apply to an aquaculture operation that is rearing fish, fish eggs, or other aquatic animals for harvesting or release/stocking purposes. Please use the following section for describing any aquaculture operation that is holding fish or other aquatic animals on a maintenance-only diet for short-term acclimation purposes.

Does the facility contain, grow, or hold fish, fish eggs, or other aquatic animals all twelve months of the year for harvesting or for release (stocking) purposes? Yes

Please identify the type of fish or other aquatic animal that your facility contains, grows, or holds in ponds, raceways, net pens, or other similar structures (check all that apply):

☒ Cold water fish species or other cold water aquatic animals

## Cold Water Fish Production

For the next 5 years, or applicable years of the permit, estimate the single calendar year of maximum monthly production of cold-water fish species or other cold-water aquatic animals for harvesting or for release (stocking) purposes. Provide the maximum monthly amount of fish or other aquatic animals (e.g., harvest weight) on-site for that calendar year and the maximum monthly amount of food for the year of maximum production by harvest weight. If fish or other aquatic animals are released rather than harvested, list the estimated weight at time of release.

Year of Maximum Production:

Year 1

Month	Max Monthly Amount of Aquatic Animal Production (lbs)	Max Monthly Amount of Feed (lbs)
Jan	7000	1000
Feb	9000	1150
Mar	12000	2800
Apr	16000	4200
May	25000	7500
Jun	33000	7000
Jul	9000	1800
Aug	12000	1800
Sep	13500	1500
Oct	5000	1100
Nov	4500	1200
Dec	5500	1200

## Aquaculture Unit Type

Describe each type of aquaculture production unit that will be used at your facility at any time during the next 5 years, or applicable years of the permit, for harvesting or for release (stocking) purposes. Separately identify units that are concrete lined versus earthen-bottomed units.

ID: 001

**Aquaculture Unit Type:** Flow-through System

**Aquaculture Unit Description:** 68 4'x4'x40' concrete raceways with an avg water volume of 485 cubic feet. RT 2.0 turnover/hr

**Max No. of Aquaculture Unit Type in Use:** 68

**Is this a new or existing aquaculture unit?:** Existing

## Species

Estimate the maximum annual production of each fish species or other aquatic animals expected for the next 5 years, or applicable years of the permit, for harvesting or for release (stocking) purposes. Provide the maximum annual amount of fish or other aquatic animals (e.g., harvest weight) on-site for the year of maximum production by harvest weight. If fish or other aquatic animals are released rather than harvested, list the estimated weight at time of release.

**Species Group:** Salmonids

**Species Common Name:** Sockeye/Kokanee salmon

**Maximum Annual Amount of Aquatic Animal Production (lbs):** 34000

**Species Group:** Salmonids

**Species Common Name:** Chinook salmon

**Maximum Annual Amount of Aquatic Animal Production (lbs):** 2500

**Species Group:** Trout

**Species Common Name:** Cutthroat trout

**Maximum Annual Amount of Aquatic Animal Production (lbs):** 11000

**Species Group:** Trout

**Species Common Name:** Rainbow/Steelhead/Golden trout

**Maximum Annual Amount of Aquatic Animal Production (lbs):** 7000

Over the next 5 years please provide an estimated maximum number of days in a calendar year with discharges from ponds, raceways, net pens, or other similar structures to waters of the United States for harvesting or for release (stocking) purposes. 365

Aquaculture for Acclimation Purposes

## Concentrated Aquatic Animal Production

Based on the data you have entered in this NOI, it has been determined that your facility is not a concentrated aquatic animal production (CAAP) facility. Independent of the data you have entered in this NOI, the Regulatory Authority may designate your facility as a CAAP facility. See 40 CFR §122.24(c). The Regulatory Authority will contact you regarding this potential designation 40 CFR §122.24 defines a CAAP as a hatchery, fish farm, or other facility that contains, grows, or holds:

- Cold water fish in raceways, ponds, or other similar structures; and discharge pollutants to surface waters of the U.S. at least thirty (30) days per year; and produce 20,000 pounds harvest weight or more of cold water fish per year; and feed at least 5,000 pounds of food during the calendar month of maximum feeding.
- Warm water fish in raceways, ponds, or other similar structures; and discharge pollutants to surface waters of the U.S. at least thirty (30) days per year; and produce 100,000 pounds harvest weight or more of warm water fish per year.

## Process Flow Diagram

Attach a drawing or process flow diagram of your aquaculture production. Please show all aquaculture production units, wastewater treatment units, source water intakes or waterbody surrounding net pens, monitoring locations, and discharge points (including laboratory outfalls). Include all waste stream discharges (e.g., tailraces, settling basins, fish tagging operations, laboratories, known leaks).

Please identify on the drawing or map each discharge to waters of the U.S. Use the source water and outfall identifiers that are provided in this form. Include average annual production and species for each production unit (e.g., flow and production for each flow-through system). Please identify the amount of any source water withdrawals that are not used for production. Describe any discharges to receiving waterbodies that are not waters of the United States.

Please identify on the drawing or diagram the average area size, volume, and retention time of each aquaculture unit type and source water and wastewater treatment units. Please separately identify any offline settling basins, full flow settling basins, and quiescent zones and whether these units discharge to waters of the U.S.

Name	Created Date	Size
CGH Site Map 2017.jpg	01/30/2020 8:33 AM	295.26 KB

### Source Waters

**ID:** 001

**Source Water Name:** spring

**Source Water Minimum Flow Cubic Feet per Second (CFS):** 2.2

**Source Water Average Flow Cubic Feet per Second (CFS):** 3

**Source Water Maximum Flow Cubic Feet per Second (CFS):** 5.2

**Are solids removed from source water?:** No

Months that Source water is used by facility:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Description of Source Water Treatment: N/A

ID: 002

Source Water Name: Well

Source Water Minimum Flow Cubic Feet per Second (CFS): 1

Source Water Average Flow Cubic Feet per Second (CFS): 5

Source Water Maximum Flow Cubic Feet per Second (CFS): 19.7

Are solids removed from source water?: No

Months that Source water is used by facility:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Description of Source Water Treatment: N/A

Wastewater Discharges

By indicating "Yes" below, I confirm that I understand a facility is authorized to discharge to receiving waters of the United States within the State of Idaho, excluding Indian Country, under this General Permit after obtaining written authorization from EPA (see the provisions of Part II.A).

Yes

Outfall 001: 24" pipe from settling pond effluent discharging into Clark Fork River

Outfall Type: External Outfall

Discharge Type: Constant

Is this Outfall an Offline Settling Basin? No

Outfall Application Actual Average Flow (MGD)(Conversion information: 1 cfs = 0.64632 MGD): 5.17

Latitude and Longitude of the Outfall: 48.0864°N, 116.078219°W

Receiving Water

Please provide information on the receiving waterbody. You can use the following webpage to help complete this section of the form: https://mapcase.deq.idaho.gov/wq2016/ (https://mapcase.deq.idaho.gov/wq2016/). You can contact the local regional office of the Idaho Department of Environmental Quality (see contact on webpage) if you need more assistance.

Waterbody Name:

Clark Fork River

Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? Yes

Cause of Impairment Group	Pollutant
METALS (OTHER THAN MERCURY)	Zinc, total [as Zn]
METALS (OTHER THAN MERCURY)	Cadmium, total [as Cd]
METALS (OTHER THAN MERCURY)	Copper, total [as Cu]
TEMPERATURE	Temperature, water deg. centigrade

Has a TMDL been completed for this receiving waterbody? Yes

TMDL ID	Cause of Impairment Group	Pollutant
00308	METALS (OTHER THAN MERCURY)	Copper, total [as Cu]
00308	METALS (OTHER THAN MERCURY)	Cadmium, total [as Cd]
00308	METALS (OTHER THAN MERCURY)	Zinc, total [as Zn]

Attach a map of the area around the facility that shows the exact location of the facility's ponds, raceways, net pens, and other structures associated with production (e.g., laboratories, support platforms), water sources, water intake and wastewater discharge points and monitoring locations (with unique and consistent labels) and fish release locations (if any). Please indicate on the map the receiving waterbody at each water intake, wastewater discharge, monitoring location, and fish release location. The map should be based upon corresponding 7.5-minute quadrangle US Geologic Survey (USGS) map (1:24,000 scale), and can be downloaded here (https://ngmdb.usgs.gov/topoview/). Please indicate any solids dewatering/composting or land application locations (if applicable). Make sure to use the outfall ID number for any outfalls identified on this form.

Name	Created Date	Size
CGH USGS map.jpg	02/06/2020 2:54 PM	209.21 KB

Drugs, Disinfectants, and Other Chemicals

Medication Usage

Do you plan on using medications for fish or other aquatic animals at this facility at any time during the next five years? Yes

ID: 001

**Name of Medical Compound:** Formalin- Formalin-F, Formacide B, or Parasite-S

**Reason for Use:** treating fungus on salmonid eggs

**Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L):** 36

**Estimated Maximum Quantity Active Ingredient Used per Application:** 6.75 kg

**Is this an Investigational New Animal Drug?:** No

**Identify the Month(s) Used:**

May Jun Jul Aug Sep

**Average Frequency of Application (Estimate of Average Applications per Month(s) Used):** 12

**Method of Application:** Flow-through

**ID:** 002

**Name of Medical Compound:** Ovadine (Iodophor)

**Reason for Use:** egg disinfection and water hardening of eggs

**Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L):** 0.32

**Estimated Maximum Quantity Active Ingredient Used per Application:** 3.5 kg

**Is this an Investigational New Animal Drug?:** No

**Identify the Month(s) Used:**

Apr May Jun Jul Sep Oct

**Average Frequency of Application (Estimate of Average Applications per Month(s) Used):** 20

**Method of Application:** Static Bath

**ID:** 003

**Name of Medical Compound:** Hydrogen Peroxide or Perox-Aid

**Reason for Use:** control of fungus on salmonid eggs

**Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L):** 9

**Estimated Maximum Quantity Active Ingredient Used per Application:** 5.2 kg

**Is this an Investigational New Animal Drug?:** No

**Identify the Month(s) Used:**

Apr May Jun Oct Jul Aug Sep

**Average Frequency of Application (Estimate of Average Applications per Month(s) Used):** 12

**Method of Application:** Flow-through

**ID:** 004

**Name of Medical Compound:** Aquaflor (Florfenicol)

**Reason for Use:** treating diseased fish

**Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L):** 1

**Estimated Maximum Quantity Active Ingredient Used per Application:** 0.27 kg

**Is this an Investigational New Animal Drug?:** No

**Identify the Month(s) Used:**

Aug Jan Jul Oct Nov Feb Mar Apr May Jun Sep Dec

**Average Frequency of Application (Estimate of Average Applications per Month(s) Used):** 10

**Method of Application:** Medicated Feed

**ID:** 005

**Name of Medical Compound:** Terramycin (Oxytetracycline)

**Reason for Use:** treating diseased fish

**Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L):** 1

**Estimated Maximum Quantity Active Ingredient Used per Application:** 0.1 kg

**Is this an Investigational New Animal Drug?:** No

**Identify the Month(s) Used:**

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 10

Method of Application: Medicated Feed

ID: 006

Name of Medical Compound: Chloramine-T or Halamid

Reason for Use: treating bacterial gill disease

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 1

Estimated Maximum Quantity Active Ingredient Used per Application: 0.25 kg

Is this an Investigational New Animal Drug?: No

Identify the Month(s) Used:

Aug Jun Jul Oct Nov Dec Jan Feb

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 6

Method of Application: Flow-through

ID: 007

Name of Medical Compound: MS222 (Tricaine Methanesulfonate)- Tricaine-S

Reason for Use: fish anesthetic

Estimated Maximum Quantity Active Ingredient Used per Application: 0.02 kg

Is this an Investigational New Animal Drug?: No

Identify the Month(s) Used:

Sep Oct Nov Dec Apr May

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 50

Method of Application: Static Bath

ID: 008

Name of Medical Compound: Salt (NaCl)

Reason for Use: external parasite on salmonids and reduce stress

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 900

Estimated Maximum Quantity Active Ingredient Used per Application: 10 kg

Is this an Investigational New Animal Drug?: No

Identify the Month(s) Used:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 5

Method of Application: Flow-through

ID: 009

Name of Medical Compound: Other

Reason for Use: disinfect equipment

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 1

Estimated Maximum Quantity Active Ingredient Used per Application: 0.01 kg

Is this an Investigational New Animal Drug?: No

Name of Other Medical Compound: Aqua-Des

Identify the Month(s) Used:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 2

Method of Application: Other

Other Description: spray

Chemical Usage

Do you plan on using disinfectants, biocides, anti-fouling agents or other treatments at this facility at any time during the next five years? Yes

ID: 001

**Name of Chemical or Treatment:** Aquashade (Color Indicator)

**Purpose:** add visual indicator for formalin use

**Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L):** 1

**Estimated Maximum Quantity Active Ingredient Used per Application (kg):** 0.001

**Frequency of Use (Estimated Applications per Month in Operations):** 12

**Method of Application:** Flow-through

**ID:** 002

**Name of Chemical or Treatment:** Argentyne (PVP Iodine) egg disinfection

**Purpose:** egg disinfection

**Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L):** 0.32

**Estimated Maximum Quantity Active Ingredient Used per Application (kg):** 3.5

**Frequency of Use (Estimated Applications per Month in Operations):** 20

**Method of Application:** Static Bath

**ID:** 003

**Name of Chemical or Treatment:** Chlorine

**Purpose:** disinfect equipment

**Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L):** 0

**Estimated Maximum Quantity Active Ingredient Used per Application (kg):** 0.75

**Frequency of Use (Estimated Applications per Month in Operations):** 2

**Method of Application:** Other

**Other Description:** spray and submersion

**Please describe how you use chlorine at your facility:** Chlorine used for disinfection and left in place to dry (not discharged to Waters of the United States).

**ID:** 004

**Name of Chemical or Treatment:** Sodium Thiosulfate (Na Thiosulfate)

**Purpose:** neutralize chlorine

**Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L):** 1479

**Estimated Maximum Quantity Active Ingredient Used per Application (kg):** 5.6

**Frequency of Use (Estimated Applications per Month in Operations):** 2

**Method of Application:** Static Bath

Additional Information

**Best Management Practices (BMP) Plan**

In accordance with this permit, the permittee is required to develop a Best Management Practices (BMP) Plan. I am certifying that I understand that a BMP Plan for this facility must be developed and include the following topics as applicable for your facility production systems:

- Flow-through/Recirculating BMPs - solids control, materials storage, structural maintenance, recordkeeping, and training.
- Net Pen BMPs - feed management, waste collection and disposal, transport or harvest discharge, carcass removal, materials storage, maintenance, recordkeeping, and training.

I confirm that the following are true:

- The BMP Plan has been reviewed and endorsed by the facility manager
- The BMP Plan is being implemented by trained employees
- The BMP Plan is complete and is available upon request to EPA and IDEQ
- The individuals responsible for implementation of the BMP Plan have been properly trained

**Quality Assurance (QA) Plan**

Federal regulations at 40 CFR § 122.41(e) require permittees to properly operate and maintain their facilities, including “adequate laboratory controls and appropriate quality assurance procedures.” To implement this requirement, the GP requires the permittee develop or update a QAP to ensure that the monitoring data submitted to the IDEQ are complete, accurate, and representative of the environmental or effluent conditions.

I confirm that the following are true:

- The QA Plan has been reviewed and endorsed by the facility manager
- The QA Plan is being implemented by trained employees
- The QA Plan is complete and is available upon request to EPA and IDEQ

- The individuals responsible for implementation of the QA Plan have been properly trained

Please use the space below to provide any other relevant information related to your facility. You can add one or more additional attachments.

Name	Created Date	Size
CGH 2020 BMP Certification.pdf	02/19/2020 7:37 AM	386.24 KB
CGH 2020 QA Certification.pdf	02/19/2020 7:38 AM	355.54 KB

Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

**Certified By:** Tyler Schober

**Certifier Title:** Fish Hatchery Assistant Manager

**Certifier Email:** tyler.schober@idfg.idaho.gov

**Certified On:** 02/28/2020 11:18 AM ET